FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:08

DOCUMENT # N94000001368 (9)

1. Corporation Name
NATIONAL ASSOCIATION FOR HISPANIC AFFAIRS, INC.

Principal Place of Business	Mailing Address
PO BOX 593462 ORLANDO FL 32859-3462	PO BOX 593462 ORLANDO FL 32859-3462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report:
4. FEI Number: 59-3277771 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LAMOUR, ALEX
2237 BLOSSOM TERRACE
ORLANDO FL 32839-3826

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President D	11 TITLE	☐ Change ☐ Addition
NAME	Alex Lamour	12 NAME	
STREET ADDRESS	2237 Blossom Te	13 STREET ADDRESS	
CITY-ST-ZIP	Orl, Fl 32839-3826	14 CITY-ST-ZIP	
TITLE	Vice-President D	21 TITLE	☐ Change ☐ Addition
NAME	Eddie Martinez	22 NAME	
STREET ADDRESS	802 Leopard Trail	23 STREET ADDRESS	
CITY-ST-ZIP	Winter Springs, Fl 32708	24 CITY-ST-ZIP	
TITLE	Treasurer D	31 TITLE	☐ Change ☐ Addition
NAME	Guillermo Reynes	32 NAME	
STREET ADDRESS	409 Declaration Dr.	33 STREET ADDRESS	
CITY-ST-ZIP	Orl, Fl 32809	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alex Lamour — 4-29 — (407) 857-1280
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014020